

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-302-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) **Submitted by:** BRIAN K. PLATT ON BEHALF OF
AAA A EXTREME LIMOUSINE SERVICE, LLC **Telephone:** 843-330-7280
Address: 407 LONGLEAF ROAD **Fax:** 843-879-9876
SUMMERVILLE, SC 29483 **Other:**
Email: xtrmlimoman@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

JUL 22 2009

PSC SC
DOCKETING DEPT.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE JULY 15, 20 09**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AAA A EXTREME LIMOUSINE SERVICE, LLC

2. (a) Street Address of Applicant

407 LONGLEAF ROAD SUMMERVILLE, SC 29483

- (b) Mailing address, if different from street address

- (c) Telephone Number 843-330-7280 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.) Not Incorporated, but LLC

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient. LLC

? (b) BRIAN K. PLATT 407 LONGLEAF ROAD SUMMERVILLE, SC 29483

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.



7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: July Year: 2009

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$ 15,000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$ 15,000
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, BRIAN K. PLATT, PRESIDENT
(Name of Applicant's Representative) (Title)

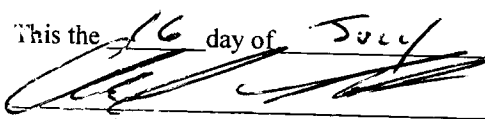
of AAA A EXTREME LIMOUSINE SERVICE, LLC, the Applicant for the Certificate of Public
(Applicant)

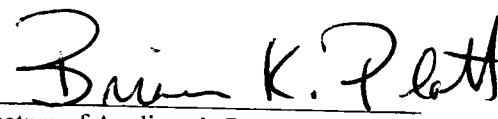
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____

This the 16 day of July 20 09


(Notary Public)


(Signature of Applicant's Representative)

Commission Expires: 1/14/18

CHADWICK D. TOWNE
NOTARY PUBLIC SOUTH CAROLINA
MY COMMISSION EXPIRES: 01-14-2018

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina hereby certify that:

AAA A EXTREME LIMOUSINE SERVICE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 16th 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-804 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 18th day of June
2009

Mark Hammond

MARK HAMMOND, SECRETARY OF STATE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant AAA A EXTREME LIMOUSINE SERVICE, LLC

For the transportation of passengers as follows:

Area to be served: SOUTH CAROLINANumber of passengers: 14Fares : \$ 200.00 PER HOURDate JULY 15, 2009Brian K. Platt

By

PRESIDENT

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

AAA A EXTREME LIMOUSINE SERVICE, LLC

(Name of Motor Carrier)

407 LONGLEAF ROAD. SUMMERVILLE, SC 29403

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$3672.00 / \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

EMPIRE FIRE & MARINE INS. CO. / R.A. WRIGHT AGENCY
(Insurance Company Name)

661 ST. ANDREW'S BLVD. CHARLESTON, SC 29407
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/15/09

Date


(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: AAA A EXTREME LIMOUSINE SERVICE, LLC
Address: 407 LONGLEAF ROAD SUMMERVILLE, SC 29483

Telephone No. 843-330-7280 Fax No. 843-879-9876

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Brian K. P. [Signature]
(Applicant's Signature)

Sworn to before me

At _____

This 16th day of July 2007

[Signature]
(Notary Public)

Commission Expires: 1/14/10

CHADWICK D. TOWNE
NOTARY PUBLIC SOUTH CAROLINA
MY COMMISSION EXPIRES: 01-14-2010